MM. Esquirol and Marc allude also to the state of corporeal health in Mad. ——, as confirmatory of their view, that she was subject to attacks of monomania. Her temperament was decidedly bilious; she was subject to attacks of severe pain in the stomach, to distressing headaches, to various hysterical symptoms, to constipation, and to irregularities of the menstrual secretion. Often, too, there was a constant restlessness of the system, and no healthy natural sleep could be obtained. It would seem, also, that the various acts of stealing, with which she was charged, had been committed about that period of the year when Mad. —— was liable to a state of mental excitement, bordering upon melancholic delirium. Her pecuniary circumstances, it is to be also considered, were at the time quite easy and comfortable; and her disposition was rather charitable and generous, than greedy and avaricious. When questioned by M. Esquirol, what was the state of her feelings at the moment of committing the thefts, she answered: "I scarcely know; but I had such a mad desire to seize every thing I saw, that, had I been in a church, I should have tried to steal from the altar itself."

This state of mind is certainly very singular and inexplicable, like many other intellectual phenomena; but it is no less real, as may be shown by reference to a great number of cases."—*Medico-Chirurgical Review*, from *Annales d'Hygiene.*

53. *Poisonous Vapour from Rotten Potatoes.*—A poor family had placed a heap of potatoes under a bed in their only room, where they were frozen during the night, but during the day were partly thawed by the heat of the stove: and they soon rotted from this variation of temperature. One day the children were told to pick the good potatoes, which they did by stirring up the heap with sticks; on which five persons inhabiting the room were immediately seized with giddiness, headach, and vomiting. The accident was ascribed to the fumes arising from the fire glimmering in the stove; and the window being accordingly opened, the patients soon recovered. On the following day the fire was not lighted, but the symptoms returned with equal violence, after the children had again begun to pick out potatoes; and relief was again obtained by opening the window and ventilating the room. These symptoms might be produced from the carbonic acid gas which rose from the fermenting mass of decayed potatoes.—*London Med. Gaz.* and *Schmidt's Jahrb.* May, 1839.

MEDICAL STATISTICS.

54. *Statistics of Pulmonary Consumption in Italy and France.*—LEGHORN.—Military and Civil Hospitals, 1833 to 1835.

Phthisis.	Males	54	Deaths	23
	Females	79	"	40
		133		63

The number of deaths from phthisis in the Civil and Military Hospitals of Leghorn being 63, and the general mortality being 678, it results that the deaths from consumption are to those from all other diseases, as one to ten and three-quarters.

FLORENCE.—Hospital of St. Maria Novella, 1836 to 1837.

	Males	3433	Deaths	519
	Females	3121	"	502
		6554		1021
Phthisis.	Males	109	Deaths	46
	Females	119	"	43
		228		89

The relative mortality of phthisis, and all other diseases in this hospital, was hence as one to eleven and a half.

Rome.—Hospital of St. John.

Admitted	2540	Dead	379
Phthisis. Admitted	126	"	110

From which it would appear that the mortality of phthisis is as one to three and two-fifths of all other diseases.

Naples.—Average of three Hospitals.

Admissions.		Male	3930	Deaths	935
"		Female	2278	"	693
			6208		1628
Phthisis.	Admissions.	Male	556	Deaths	369
	"	Female	434	"	326
			990		695

Hence the mortality of consumption is here as one to two and one-third.

In the military hospitals the mortality of phthisis to that of other diseases was as one to three and six-sevenths.

It results from an examination of these tables that the mortality of pulmonary consumption is not very high, either at Florence or Livourne; while, on the contrary, at Rome and Naples it amounts to one in three and two-fifths and two and one-third.

On comparing the documents from which the above general results have been drawn, with returns furnished from the French hospitals, we obtain the following data for comparison:—

La Charite.—From 1835 to 1836.

Deaths	707
Deaths from phthisis	216

Here, then, the mortality of phthisis to that of all other diseases is as one to three and one-fourth.

Hopital Necker.—From 1834 to 1836.

Admitted	2304	Died	242
Phthisis. Admitted	136	"	81

Proportion of deaths from phthisis one to three.

Val-de-Grace.—From 1835 to 1837.

Admitted	7509	Died	329
Deaths from phthisis			37

Proportion of the mortality from phthisis to the general mortality of the Military Hospitals, one to twelve and one-fifth.

If we compare the mortality from pulmonary consumption in the Civil and Military Hospitals of Naples and Paris, we shall find that the proportion is very much in favour of the latter city.

Civil Hospitals.—Naples, one in two and one-third; Paris, one in three and one-fourth.

Military Hospitals.—Naples, one in three and six-sevenths; Paris, one in twelve and one-fifth.—*Lancet*, 22d June, 1839, from *Bullet. de l'Acad. de Méd.* April, 1839.

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55. *Report of the Results of Revaccination in the Prussian Army in the year* 1838, *drawn up from Official Documents.* By Dr. Lohmeyer.—Total number of individuals inoculated (revaccinated) 42,041, of which number there were cicatrices from former vaccination

distinct, in	33,819
indistinct, in	5,645
none, in	2,577
The resulting vaccination was regular, in	19,117.
irregular, in	8,672
did not take, in	14,252.

In the cases of failure the vaccination was repeated

with effect, in . . .	2,306
without effect, in . . .	10,424.

Of the individuals in whom the disease was perfectly regular, there were from

1 to 5 pustules in	8,787
6 " 10 "	5,581
11 " 20 "	4,056
21 " 30 "	693.

Of individuals revaccinated with effect in the present and former years, there were affected, during 1828,

with varicella, . . .	19
" varioloid, . . .	10
" true smallpox, . .	2.

It appears, from the preceding statement, that the results of revaccination in the army, during the year 1838, closely resemble those observed in 1837, (see *British and Foreign Medical Review*, Vol. VII. p. 186;) in both years, about 45 in the 100 exhibiting true vesicles, running a regular course. The resemblance would have been still greater, but for the circumstance that many men were included who, according to their own account, had been previously revaccinated at their own homes, but who exhibited no marks on their arms; these were almost always among the failures. According to the reports of the medical officers, there were also many cases in which the development and course of the disease were disturbed, chiefly through carelessness on the part of the individuals in allowing the pustules to be broken or otherwise injured.

The opinion formerly pretty prevalent that, failing lymph immediately from the cow, the only proper matter for vaccination is that taken from children with good pocks, has now few supporters among the military surgeons, as they have ascertained, by manifold experience, that the lymph from well-formed pocks of adults, whether in the first or second vaccination, produces as fine and regularly-proceeding vesicles as that from children. Accordingly, it is the practice of most of the medical officers, only in the commencement of the revaccination to use lymph from children. Many even, like the Wurtemburg vaccinators, give the preference to the latter for communicating the disease to adults.

Inoculation with dry, preserved lymph, was in a great degree ineffectual. In a child vaccinated with lymph of this kind, there appearing no result, it was again vaccinated, eight days later, with fresh lymph from the arm, after which, not only all the latter punctures, but also two of the former took, and exhibited good and regularly-proceeding pocks. In the case of a man of the 6th artillery brigade, the pocks did not appear until six weeks after the inoculation, (two on the right, and three on the left arm,) and their development was accompanied by so much inflammation in the vicinity, and gave rise to so much fever, that it became necessary to remove the patient into the hospital.

In several individuals natural smallpox appeared soon after the vaccination. In two cases this happened before the third day, and in these the vaccination had no result. In two other cases, on the contrary, the modified smallpox (varioloid) appeared when the vaccine vesicles were in perfection, and then they sustained no alteration in their progress.

The whole number of smallpox cases in the army, in 1838, were 111, 56 being characterized as varicella, 43 as varioloid, and 12 as true variola; in this number are included the 31 cases formerly mentioned as occurring after successful revaccination. Seven cases of the smallpox were fatal, but no fatal cases occurred among the 31 just mentioned; in all of whom, on the contrary, the disease was mild, and indeed quite insignificant. The greater number of cases of smallpox (as was also the case in former years) took place in recruits shortly after joining the army, and before revaccination could be employed. Some of the older soldiers, however, were also attacked with the disease in some of its forms; for instance, some of the subordinate officers who had been previously revaccinated without effect, or who had entered the army previously to the introduction of the practice of revaccination. Most of the cases of natural smallpox occurred in the 7th division, viz. 37, and for the most part in the garrison of Minden. In the 4th division, not a man failed with smallpox, although the troops mixed more or less with the inhabitants of their stations, or of the vicinity. This favourable result is principally to be attributed to this circumstance: that in the district of the 4th division, the recruits joining the army in the autumn of 1837 were, for the most part, subjected to revaccination immediately on their arrival; whereas, in other cases, it has been customary to put off the revaccination of such recruits, at least in a considerable proportion, until the spring.—*British and Foreign Med. Rev.*, July, 1839, from *Medicinische Zeitung*, May 8, 1839.

CHEMISTRY.

56. *Preparation of Pure Narcotine.*—Dr. O'Shaughnessey gives the following method for the preparation of narcotine:—The only process yet published by which pure narcotine can be obtained is that devised by Pelletier, but this method, nevertheless, is tedious, troublesome, and apt to fail, unless in very expert hands. I am happy, therefore, in being enabled to propose for the sanction of the Committee a process which is at the same time simple, economical, and productive, which *ensures the separation of the febrifuge narcotine from the powerful sedative morphia*, and which can be performed in every locality where opium can be found. The process is, as far as I am aware, altogether new.

Preparation of Muriate of Narcotine.

Take of Bengal opium -	2lbs.
Alcohol - - - -	20lbs.

Rub them well up together in a large mortar, adding the spirit by degrees until the opium is exhausted of its soluble parts. Decant the solution, and press the insoluble part.

To the alcoholic solution add as much ammonia as renders the liquid slightly turbid. Distil from a common alembic till fifteen pounds of the alcohol are recovered; draw off the fluid in the still, and set it aside to cool.

On cooling, it deposits a mass of coloured crystals composed of narcotine, meconate of ammonia and resin. Wash with water, which dissolves the meconate of ammonia, then with one quart of water and one drachm of muriatic acid, which dissolves the narcotine, and leaves the resin—filter. The solution, which is of a rosy colour, is to be evaporated to dryness.

The muriate of narcotine thus prepared is a transparent resinous mass, of a rosy colour, brittle vitreous texture, very soluble in distilled water and spirits, and intensely bitter.

A beautifully crystalline muriate of narcotine may be prepared by precipitating the muriate thus made, by ammonia, and dissolving the precipitate in boiling alcohol, from which the narcotine separates in fine crystals as the solution cools. The crystallised narcotine placed in a tube, and subjected to the influence of a stream of muriatic acid gas, combines with the acid while it retains its original crystalline form. But this process, though more elegant, is too expensive and elaborate for general use, and the non-crystalline muriate is just as valuable as the more beautiful product now described.—*Calcutta Quarterly Journal.*

57. *New Preparation of Ipecacuanha.*—M. Gay describes a new mode of preparing this medicine, which may have its advantages in certain cases. The following is the formula:—

Ipecacuanha, in powder	1 part.
Rectified Sulphuric Æther . . .	6 parts.

Macerate for some hours, and filter. Dry, by exposure to the air, the powder